

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14570**

FILED JUN 3 1955

BIRTH NO. _____		REG. DIST. NO. <u>12</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>69</u>	
1. PLACE OF DEATH a. COUNTY Barry County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. LENGTH OF STAY (In this place) 4 weeks		c. CITY OR TOWN Aurora Route 1		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Scroggin's Rest Home				e. STREET ADDRESS (If rural, give location) Route 1			
3. NAME OF DECEASED (Type or Print) a. (First) Isabel b. (Middle) _____ c. (Last) Prier				4. DATE OF DEATH (Month) (Day) (Year) May 27, 1955			
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Feb. 12, 1869	
9. AGE (In years last birthday) 86		10. MONTHS 3		11. YEARS 15		12. CITIZEN OF WHAT COUNTRY? U S A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Greene County, Mo.		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Jim Scott		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE James Prier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Arthur Eden, Aurora, R1, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myoscleritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 4222 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 15, 1955 , to May 26, 1955 , that I last saw the deceased alive on May 26, 1955 , and that death occurred at 9 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) V. H. Robin sen		23b. ADDRESS D. O. P. Marionville, Mo				23c. DATE SIGNED 5-27-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 29, 1955		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem.		24d. LOCATION (City, town, or county) (State) Marionville, Mo.	
DATE REC'D BY LOCAL REG. 5-28-55		REGISTRAR'S SIGNATURE Mrs. P. D. Cash		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Luridge		ADDRESS Marionville Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.**

NO. 655-255
DATE REC. 6-1-55

JUN 3 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Herman Curridge

Licensed Embalmer No. 3072
P. O. Address Marionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.